| PATENT APPLICATION FEE DETERMINATION RECORD  |  |   |   |                               |  |                  |            |                   | Application or Docket Number |                               |                  |                        |
|--|--|---|---|-------------------------------|--|------------------|------------|-------------------|------------------------------|-------------------------------|------------------|------------------------|
| Effective December 8, 2004   |  |   |   |                               |  |                  |            |                   | 10/560131                    |                               |                  |                        |
| CLAIMS AS FILED - P  |  |   |   |                               | •                                      |                  |            | SMALL ENTITY TYPE |                              | OTHER THAN<br>OR SMALL ENTITY |                  |                        |
| <u></u>  |  |   | (Column 1)  |                               | (Column 2)                             |                  | 1 6        | <del></del>       |                              | 1                             | <del></del>      |                        |
| U.S. NATIONAL STAGE FEES   |  |   | 20  |                               |  |                  | .          | RATE              | FEE                          |                               | RATE             | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150   |                               | LARGE ENT. = \$ 300                    |                  |            | BASIC FEE         |                              | OR                            | BASIC FEE        | 300                    |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                        |                               | All other situations = \$ 100 / \$ 200 |                  |            | XAM. FEE          | ·                            |                               | EXAM. FEE        | 260                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                               | ALL other situations = \$ 250 / \$ 500 |                  |            | SEARCH FEE        |                              |                               | SEARCH FEE       | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =   |                               | / 50 =                                 |                  |            | X \$ 125 =        |                              |                               | "X"\$ 250 =      |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 20 mi   | nus 20 =                      | •                                      |                  |            | X \$ 25 =         |                              | OR                            | X \$ 50 =        |                        |
| INDEPENDENT CLAIMS   |  |   | 7 1   | inus 3 =                      | . 4                                    |                  |            | X \$ 100 =        |                              | OR                            | X \$ 200 =       | 800                    |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRE                            | SENT  |                               | N                                      |                  |            | + \$ 180 =        |                              | OR                            | + \$ 360 =       |                        |
| ° If the difference in column 1 is less than zero, enter "0"   |  |   |   |                               |  | lumn 2           |            | TOTAL             |                              | OR                            | TOTAL            | 1700                   |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |   |                               |  |                  |            | SMALL E           | NTITY                        | OR                            | OTHER<br>SMALL E |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                           | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE       |                               | RATE             | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 24                                      | Minus   | trá                           |  | = 4              |            | X \$ 25 =         |                              | OR                            | X \$ 50 =        | 200                    |
| MEN  | Independent                                    | - 3                                       | Minus   | 00#                           |  | =                |            | X \$ 100 =        |                              | OR                            | X \$ 200 =       |                        |
| ⋖  | FIRST PRESENTATION OF MULTIPLE DEPENDENT       |   |   | CLAIM                         |  |                  | + \$ 180 = |                   | OR                           | + \$ 360 =                    |                  |                        |
|  |  |   |   |                               |  |                  |            |                   | a edica                      | ÖR                            | TOTAL ADDIT.     | <u> </u>               |
| FFF FFF  |  |   |   |                               |  |                  |            |                   |                              |                               |                  |                        |
|  |  | (Column 1)  I CLAIMS                      | T   | (Colur                        |  | (Column 3)       | 1          |                   | ADDI-                        | 1                             |                  | ADDI-                  |
| ₩<br>₩   |  | REMAINING<br>AFTER<br>AMENDMENT           |   | PREVIO PAID                   | BER<br>DUSLY                           | PRESENT<br>EXTRA |            | RATE              | TIONAL                       |                               | RATE             | TIONAL<br>FEE          |
| PARE   | Total  | *   | Minus '   | œ ·                           |  | =                |            | X \$ 25 =         |                              | OR                            | X \$ 50 =        |                        |
| AMENDMENT  | Independent                                    | •   | Minus   | 000                           |  | =                |            | X \$ 100 =        |                              | OR                            | X \$ 200 =       |                        |
| •  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                               |  |                  |            | + \$ 180 =        |                              | OR                            | + \$ 360 =       |                        |
|  |  |   |   |                               |  |                  |            | FFF               |                              | OR                            | TOTAL ADDIT.     |                        |
|  |  |   | •   |                               | •                                      |                  |            |                   |                              |                               |                  |                        |
| of the entry in column 1 is less than the entry in column 2, write "0" in column 3.  of it the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  of the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1." |  |   |   |                               |  |                  |            |                   |                              |                               |                  |                        |

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